

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R:	None
Title::	CRAFT WITH MAGNETICALLY CURVED SPACE
Attorney Docket Number::	104148
Suggested Drawing Figure::	1-7
Total Drawing Sheets::	9
Small Entity::	Yes

**Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	Philippine
Status::	Full Capacity
Given Name::	Von Friedrich
Middle Name::	C.
Family Name::	PATERRO
Name Suffix::	
City of Residence::	Makati City
State or Province of Residence::	
Country of Residence::	Philippines

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Applicant Authority type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	

City of Residence::

State or Province of Residence::

Country of Residence::

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Applicant Authority type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

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Applicant Authority type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

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Applicant Authority type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

### Correspondence Information

Correspondence Customer Number:: 25944

<b>Domestic Priority Information</b>			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is a	Continuation of		MM / DD / YY
This Application is a	Continuation of		MM / DD / YY
<b>Foreign Priority Information</b>			
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
<b>Assignee Information</b>			
Assignee Name::			
Street of mailing address::			
City of mailing address::			
State or Province of mailing address::			
Country of mailing address::			
Postal or Zip Code of mailing address::			